

**INTERAGENCY COORDINATING COUNCIL
COMMITTEE MEETING NOTES**

COMMITTEE: Integrated Services and Health

RECORDER: Peter Guerrero

DATE: 09/22/05

COMMITTEE MEMBERS

PRESENT: Arleen Downing, Gretchen Hester,
Bev Ching, Eileen McCauley, Robin Millar, Peter Michael Miller, Nancy Sager,
Jean Brunelli, Ed Gold, Mara McGrath, Ivette Pena,

ABSENT: Sylvia Carlisle, Sandy Harvey, Dwight Lee, Sam Yang, Kat Lowrance and Hallie
Morrow

GUESTS: Wendy Longwell and Felice Weber Parisi

LIAISONS:

DDS LIAISON: Patric Widmann, Eileen McCauley and Sam Yang

CDE LIAISON: Nancy Sager

AGENDA

1. INTRODUCTIONS AND WELCOME

The meeting was convened at 1:45 PM following the joint ISH and QSDS earlier in the day. Patric Widmann was introduced to the members of the Committee. She is the new DDS Liaison to the ISH committee. Ken Freedlander has left DDS for a new position with California Department of Education.

2. AGENDA REVIEW

The agenda was reviewed with no additions.

3. REVIEW AND APPROVAL OF PRIOR MEETING NOTES

May 2005 minutes were reviewed and approved with one correction on the acronym for Nancy Eddy's agency to PHP. The committee consensus was that the action item is a valuable and impressive document.

Other items as identified

The ISH Committee was asked by the ICC Executive Committee this morning to focus on outcome statements for the State Performance Plan (SSP) distributed at the executive committee meeting. ISHC and QSDSC share interest and responsibility for a number of indicators on the SSP Report and met jointly to begin the process of identifying goal statements for each area:

Marie Poulsen Co-chair of the QSDS committee called the joint committee to order at 2:00 PM by. Following introductions Dennis Self, DDS, provided an overview of the outcomes OSEP is interested in and today's task and issues related to indicator 3 of the SSP Report (handout): demonstrated improvement in three developmental areas (social-emotional skills, acquisition and use of knowledge and skills, and use of appropriate behaviors to meet their needs) in infant and toddlers in Early Start. Of course, following intervention and complicating the issue are that children:

- may develop typically in one or more area
- may demonstrate improvement in one area and none in others
- may or may not be expected to develop in specific areas due to medical parameters and/or severity of disability or show more improvement than projected

In addition, pre and post age-equivalent measures may be based upon different methodologies and types of data. Lively discussion ensued about developmental and/or medical/health status issues that may impact improvement that will inform the committees in their charge of resolving this issue and making realistic projections for the next six program years.

The ISH committee reconvened at 2:44 PM. The public awareness committee also wanted to meet with the ISH committee and may do so in November or in some other manner in the interim.

Indicator 3: The committee continued discussing indicator 3 hoping to have a preliminary recommendation developed by tomorrow's full ICC. Factors that need to be considered in determining baseline data are:

1. Is a different baseline needed to address sub-groups with special circumstances?
2. Significant diagnosis/neurologic state
3. Health status (medicated, chronic illness, regression due to medical intervention)
4. Children with significant early issues may make significant progress and no longer belong in a special subset.
5. Increased numbers of children with ASD
6. Numbers of children surviving due to technology
7. Numbers of children who are victims of emotional or physical abuse.

Some implementation issues are: Standardized protocol assessing the three areas; Use of CADIS alone does not document development as stated in the identified improvement areas; special subgroups being excluded from sample is inappropriate.

An implementation strategy was proposed using first two years used to determine an appropriate tool in association with appropriate agencies, second two years training in administration followed by an assessment period.

Indicator 5: Child Find, the committee agrees that there should be an effort to reach the US average.

Indicator 6: The committee recommends that the state target be 2.2 % based on the Child Find recommendations submitted to the department.

APPROVED 11-17-05

Indicator 1: Questions posed by the committee members: How will you monitor service provided by generic sources? What about waiting for the best provider? Is the measure to be of each service or all services on the IFSP? Are we only looking at purchased services?

The committee recommends that IFSPs of children with different eligibility criteria be reviewed during monitoring to identify possible trends.

Indicators 9 through 14: Let us see the data to extrapolate non-compliance trends/breakdown of particular categories of kids (medically fragile, those with ASD, etc.).

ADJOURNMENT: The committee adjourned at 4:40 PM